

09/11/99

PATENT NUMBER

NEED TRANSLATION

<p>O.I.P.E.</p> <p>SCANNED <i>[Signature]</i> Q.A. <i>[Signature]</i></p>	<p>PATENT DATE</p>
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/932353		600	25	3736	Foreman

APPLICANTS

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Implanted hearing aids

37112

PTO-2040
12/98

ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div>	_____ (Assistant Examiner)		(Date)	
	_____ (Primary Examiner)		(Date)	
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)		(Date)	
			NOTICE OF ALLOWANCE MAILED	
			ISSUE FEE	
			Amount Due	Date Paid
			ISSUE BATCH NUMBER	

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